Visionary Kids Childcare
EMERGENCY/FIRST AID/MED CARD

Child's name

Age _____Weight _____Blood Type (If known)

Medical Conditions

Allergies

Medications

Parent/Guardian _____
Phone Numbers

_____

Medical Insurance Carrier

I as parent and/or legal guardian of

give permission for medical treatment in case of any emergency.

Date _____ Signature

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ATTENTION: Run several on 3X5 inch cards and attach them to the handbook when passing them out. These cards are then hole punched in one corner and put on a ring that the teacher could take on a field trip or when transporting.